



NATIONAL ASSOCIATION OF LETTER CARRIERS

HEALTH BENEFIT PLAN

20547 Waverly Court, Ashburn, Virginia 20149

Brian L. Renfroe, President • Stephanie M. Stewart, Director



Durable Medical Equipment (DME) Prior Authorization Form

Fax: 703-729-8128

☐	Standard Request	Requests for prior authorization (with supporting clinical information and documentation) should be sent to the Health Plan a minimum of fourteen (14) days prior to the date the requested services will be performed.			
Physician Signature Validating Request			Date Signed		
MEMBER INFORMATION					
Last Name				First Name	
Member ID				DOB	
Member Address					
Member Contact Information					
ORDERING PHYSICIAN INFORMATION					
Last Name				First Name	
NPI				Tax ID	
Group Name					
Address					
Phone				Fax	
VENDOR PROVIDING DME					
Vendor Name					
Address					
Phone				Fax	
NPI				Tax ID	
BILLING CODE INFORMATION (Attach supplemental documents is necessary)					
Purchase	Y ☐ N ☐	Rental	Y ☐ N ☐	Initial Request	Y ☐ N ☐
				Replacement	Y ☐ N ☐
HCPC/CPT Code	Code Description	Start Date	End Date	Number of Units and Cost	
Important: The Plan requires a letter of medical necessity, or a copy of the prescription, from the prescribing physician which details the medical necessity to consider charges for the purchase or rental of DME. Please submit supportive clinical documentation to substantiate the need for DME including but not limited to: H&P, office notes, laboratory and imaging results, and skilled therapy reports.					
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